



## ASSOCIATION MEMBERSHIP NOTIFICATION

<b>Association Name:</b>	<b>Page</b> ___ <b>of</b> ___
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<b>Association Representative:</b>	<b>Date:</b>
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**Use this form to list all Association Members that have NOAs issued by the Product Control Section when renewing the Association's Certificate of Competency, or when notifying our Office of new memberships or terminations. Please indicate with a checkmark membership's status. Additional copies of this form can be used if necessary for more entries.**

Manufacturer's Name and Contact Person:	NOA #(s)	Manufacturing Location (Address, City, State & ZIP):	Active	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name of Authorized Association Representative